



Agency for Healthcare Research and Quality

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**AHRQ**Quality Indicators

e-Newsletter

February 2006

## SPECIAL ISSUE

Volume 2, Number 1

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This special issue of the AHRQ QI newsletter briefly reviews some of the highlights from the past year and previews plans for the coming year in the AHRQ Quality Indicators program.

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### Highlights of 2005

We would like to thank the AHRQ QI user community for their many valuable contributions over the past year. Please continue to provide your feedback to [support@qualityindicators.ahrq.gov](mailto:support@qualityindicators.ahrq.gov).

Some of the highlights from 2005 include:

- Development work began on Phase I of the new Pediatric Quality Indicators (Ped QIs) module. See the September 2005 newsletter (<http://www.qualityindicators.ahrq.gov/newsletter.htm>) for a story on the development process).
- The AHRQ Quality Indicators Windows Application was released in early September and re-released in early December with enhanced performance and features. With the new Windows Application, the SPSS syntax will no longer be supported after FY2006. The SAS syntax will continue to be supported.
- The first AHRQ QIs User meeting was held in September 26-27 in Rockville, MD with over 150 attendees. Presentations from the meeting are posted on the AHRQ QI web site. Some of the user provided feedback to AHRQ included interest in continued indicator development using ED and ambulatory surgery data, using additional data elements such as condition present on arrival when available, documentation on how to “close the loop” on quality improvement, and integrating measures of efficiency in addition to quality.

- The National Quality Forum endorsed the diabetes-related Prevention Quality Indicators.

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## Preview of 2006

### Composite Measure

The Prevention Quality Indicator (PQI) Composite Measure Workgroup convened during the month of January and developed an overall analysis plan for the development of composite measures based on the PQI for use in the National Healthcare Quality Report and National Healthcare Disparities Report. **The plan is now available on the AHRQ Quality Indicators Home page for public comment until COB on Thursday, February 9, 2006.** Send comments to [project\\_officer@qualityindicators.ahrq.gov](mailto:project_officer@qualityindicators.ahrq.gov).

The analysis plan calls for the development of a single composite measure that encompasses all the PQI with the exception of Low Birth Weight and Perforated Appendix (both indicators have discharge based denominators). In addition, the plan calls for separate composite measures for acute and chronic conditions. Please see the plan for additional analysis and detail.

A separate announcement for nominations to participate in the IQI Composite Measure Workgroup will be sent via the AHRQ QI listserv and posted on the website in March, 2006. The development work is scheduled for completion in Summer, 2006.

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## Release of Version 3.0

Version 3.0 of the AHRQ Quality Indicator software will be released on February 20, 2006. The release will include the FY2006 coding updates for the PQI, IQI and PSI modules and the new Pediatric Quality Indicator (Ped QI) module (that is, codes effective on October 1, 2005). All modules will be available in both SAS and Windows versions. In addition, the PQI, IQI and PSI modules will be available in an SPSS version.

In addition to the coding updates, here is a summary of some of the major changes in Version 3.0:

- With the introduction of the new Pediatric module, the remaining modules are now limited to adults (age greater than or equal to 18) and to obstetric patients (even if less than 18) unless otherwise excluded from the indicator specification.

- Several indicators were moved from the PQI and IQI modules to the new Ped QI:
  - PQI 4 – Pediatric Asthma Admission Rate
  - PQI 6 – Pediatric Gastroenteritis Admission Rate
  - IQI 3 – Pediatric Heart Surgery Volume
  - IQI 10 – Pediatric Heart Surgery Mortality Rate
- The Birth Trauma indicator (PSI) and Low Birth Weight (PQI) indicators remain in the “adult” module as these are indicative of obstetric care.
- The Inpatient Quality Indicators (IQIs) now use the 3M APR-DRG Version 20.0 for risk-adjustment of the mortality and utilization indicators. In addition, a limited license 3M APR-DRG Version 20.0 grouper is integrated into the SAS and Windows versions. The limited license grouper assigns selected APR-DRGs used in the IQI risk-adjustment to each discharge record. Users no longer need to purchase a separate license for the APR-DRG grouper in order to use the IQI software.
- The Pediatric Heart Surgery indicator now uses the RACHS-1 system for risk-adjustment.
- Computation of the risk-adjusted rate uses a proportional formula for indirect standardization.
- The method of computation of confidence limits, which used to be available “upon request,” has been added to the software.
- SAS users must now separately download and run the AHRQ Comorbidity Software before risk-adjusting the patient safety indicators (See <http://hcup-us.ahrq.gov/toolssoftware/comorbidity/comorbidity.jsp>). Windows users do not.
- The documentation has been reorganized to move some of the Appendices into separate documents for ease of use and updating.
- In the future, all modules of the AHRQ QI software releases will be made publicly available in February.

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## New Pediatric Quality Indicators Module

Phase I of the Pediatric Quality Indicator development effort focused on evaluating the current AHRQ QI for applicability to the pediatric population. The results of that evaluation will be documented in a report to be posted along with the software on February 20, 2006. The Ped QI module includes 18 indicators, both provider and area level, from the existing modules:

Area Level Indicators (5):

Asthma Admission Rate

Diabetes Short Term Complication Admission Rate

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Gastroenteritis Admission Rate  
Perforated Appendix Admission Rate  
Urinary Tract Infection Admission Rate

Provider Level Indicators (13):

Accidental Puncture and Laceration  
Decubitus Ulcer  
Foreign Body Left in During Procedure  
Iatrogenic Pneumothorax in Neonates  
Iatrogenic Pneumothorax in Non-Neonates  
Pediatric Heart Surgery Mortality  
Pediatric Heart Surgery Volume  
Postoperative Hemorrhage or Hematoma  
Postoperative Respiratory Failure  
Postoperative Sepsis  
Postoperative Wound Dehiscence  
Selected Infection Due to Medical Care  
Transfusion Reaction

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## Definitions of Metro Areas

The Federal Office of Management and Budget (OMB) revised definitions of metro areas to include metropolitan and micropolitan statistical areas. Changes have been made to the software to allow users to specify either the county level (both U.S. Census and modified FIPS) or Metro Area level (both OMB 1999 or 2003 definitions). The article "2006 Area Level Indicator Changes" provides a detailed explanation of these changes. The article is available at <http://www.qualityindicators.ahrq.gov/newsletter.htm>.

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## 2006 AHRQ QI User Meeting

Planning has begun for the 2006 AHRQ QI User Meeting, currently scheduled for September, 2006. Updates on the planned agenda and registration information will be sent via the listserv and posted on the website in the coming months.

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## Web-based Training

During 2005, the AHRQ QI program held several well-attended training sessions on the new Windows Application using a conference call line and web-based presentation. In 2006 there will be additional opportunities to

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interact with the AHRQ QI Support Team members on such topics as the ICD-9-CM coding, use and interpretation of the AHRQ QIs, and empirical methods like indirect standardization and hierarchical modeling. Announcements on planned dates and registration information will be sent via the listserv and posted on the website.

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## Additional Workgroups

The AHRQ QI program will be asking for users interested in participating in short-term projects to help continue to improve the AHRQ QI measures, documentation and software tools. Potential projects include the composite measures development, evaluation of hierarchical modeling and related approaches, assessing quality improvement efforts, validation of indicator specifications, consideration of selected potential data enhancements, and further development of the AHRQ QI software. Announcements on planned projects and participation information will be sent via the listserv and posted on the website in the coming months.

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